

Research Proposal
Exploring the Feasibility of Coalition Expansion

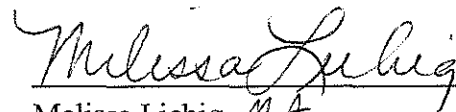
by


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Abstract

Many funding agencies require collaborative efforts across multiple partners and organizations in order to address a variety of public health problems. As more and more funding agencies require coalition development, the burden on small communities continues to increase. Although there are complexities to coalition formation, functioning and demonstrating outcomes, it appears that the use of coalitions continues to be a growing practice.

In order to enhance the capacity of small communities and avoid the lengthy and problematic challenges of developing new collaborations; exploring the potential to build upon existing groups appears to have merit. As coalition development research has shown that successful groups continually change and evolve groups may welcome the opportunity to address community problems in different ways. Given the lack of research in this area further study is warranted.

Findings from the qualitative research may determine that the potential to develop sub-committees is not realistic; rather changing the focus to address known risk factors for multiple problems may have greater promise. Either way it is essential to explore alternatives that will have considerably less burden on small communities and increase the potential for greater outcomes.

Research Proposal for the Feasibility of Coalition Expansion

Introduction

As inflation continues to rise and budgets are under greater scrutiny, community health programs are being forced to do more with less. Times have changed and the capacity of individual organizations to meet the need for community programs has diminished. Federal, state and private funding sources are increasingly requiring community organizations join forces to create coalitions. (Rosenthol, 1998) In order to develop effective public health programs coalitions are essential as a single organization is not likely to have the resources, community access, or diverse relationships to address the many determinants of community health problems. (Green *et al.*, 2004) Even though multiple organizations, when brought together, have enhanced capacity to address public health problems, getting diverse groups to work together has some inherent difficulties.

The National Network for Collaboration Framework states that the goal of community collaboration is to bring together organizations and individuals to solve problems that could not be solved by one group alone. However, they also quote Schlechty stating that coalition building is like “teaching dinosaurs to do ballet” (“Collaboration framework-addressing community capacity”, 1995 ¶1) and others have described collaboration as “an unnatural act among unconsenting adults.” (Wandersman *et al.*, 1997) Getting individuals with varying levels of expertise, abilities and interest to work together is a challenging task. Reviewing the literature regarding coalition development, maintenance, and effectiveness demonstrates that it is a complex process; however it seems logical that pooling resources can provide benefits to the community, as well as the organizations and individuals involved.

Statement of the Problem

As more and more funding agencies require the creation of community coalitions, it can put a substantial burden on small communities where there are a limited number of organizations and representatives available to participate. This is especially true in a state like Vermont; the second smallest on the country. Currently Vermont has twenty coalitions for tobacco use prevention and control, eighteen for substance abuse prevention, and twelve regional partnerships. These are just a few of the coalitions that have been funded and operating for several years. In addition, there are many smaller groups and collaborative efforts taking place to address a variety of community health concerns. The small population combined with an increasing number of coalitions, limits the number of individuals and organizations available to participate, which often leads to the same individuals being part of many different committees and groups.

Membership is only one of many factors that affects the development of coalitions. The following literature review will outline the complexities of coalitions including the need for funding, appropriate membership, and a clear mission. In addition to the issues related to development of coalitions is the concern that they may not be effective at creating significant change. It is logical to think that by combining resources there would be a greater likelihood for success, but there is little evidence demonstrating significant outcomes in community health changes. This may be due to a deficiency in evaluation methods rather than a true inability to create change and will be further discussed by findings in the available literature.

The sheer complexity of coalition development, combined with the need for appropriate membership, demonstrates that an alternative to the creation of multiple coalitions within the same community needs to be explored. Alternatives could include using the existing

infrastructure of a well established coalition to address additional subject areas, or the development of sub-committees within a coalition to take on alternative public health problems. It will be important to evaluate the criteria for the type of coalition that would have the capacity for expansion. Questions to answer include: would a coalition need to have demonstrated outcomes regarding measurable health changes, or purely have demonstrated the capacity to function as a group? The literature review will also look at differences in coalition structure and function and how this would affect the potential for expansion.

The following literature review will outline the required components of successful coalitions as well as potential pitfalls. It will explore the complexities of coalition retention and sustainability. These factors will be analyzed in order to assess the feasibility of using an existing coalition infrastructure to expand the group to address alternative public health problems. All of the complexities of coalitions will be reviewed in order to assess the potential feasibility for expansion and demonstrate the need for further inquiry into this type of coalition expansion and development.

The question to be answered is: can an existing coalition be expanded to take on an additional topic area in order to reduce the burden on community partners and organizations, and what factors need to be in place to do so?

Hypothesis

The research to be conducted will demonstrate that using an existing coalition with a strong foundation and structure to address additional subject areas is feasible as long as certain factors are in place. These factors will include the strength of the coalition to be expanded, its history for demonstrating success in terms of structure and demonstrated outcomes, as well as a

mission that is related to the subject area intended for expansion. It will be essential to honor the original integrity of the existing coalition to achieve success via expansion.

Review of Related Literature

A successful community coalition can provide benefits to coalition members as well as to the community at large. Engaging multiple partners brings together greater resources and allows for enhanced capacity to address public health issues that may not otherwise be possible. In their toolkit for developing and sustaining coalitions, the Connecticut Department of Health outlines potential benefits of coalitions including: increased credibility, leadership opportunities for individuals in the coalition, greater ability for community impact, increased resources, greater public awareness of an issue, and the ability to bridge diversity. (*Developing and sustaining coalitions*)

Even with multiple benefits there are also potential drawbacks of working in a coalition. Drawbacks identified by the toolkit for sustaining and building coalitions include: competing demands, varied levels of resources, differing expectations, and power struggles. (*Developing and sustaining coalitions*) Other authors identify additional potential problems including: inadequate funding, lack of involvement from a critical community sector (Keith, 1993), the need for an organizational framework (Couto, 1998), and human dynamics that often lead to conflict (Wandersman et al., 1997) Many of these obstacles can and must be overcome in order to develop a coalition with the capacity to create change.

In order to build a successful coalition certain factors must be in place. When evaluating the formation of a coalition engaging community and academic partnerships, Boydell and Volpe (2004) state five essential elements that include: membership, structure, leadership, communication and funding. Without any one component in place it is more likely that a

coalition will fail. It is logical to think that these are essential components required for successful group development. Without structure members do not have a clear concept of their role or the purpose for the group. Without leadership the group will have difficulty forming, without clear communication members will have trouble understanding their roles, and without membership the group could not exist. Funding may not be essential for a coalition to form, as many groups come together to address a perceived problem before they have funding, but it has been found that without sustained funding a coalition is more likely to fail (Crisp *et al.*, 2000).

One of the greatest complexities that a coalition faces is membership recruitment and retention. Groups that struggle in this area are less likely to succeed. There are many factors that may prevent people from joining a coalition or leaving the coalition if their needs are not met. These factors include: the need for activities that reach a desired constituent group, feeling that skills and abilities are valued and time is spent wisely, meaningful action is taking place, benefits of participation outweigh costs of involvement, the coalition's mission aligns with the participant's organization, and participants feel that they have a voice. (Sofaer, 2004) Individuals within the working group may not be fully aware of the additional benefits they will achieve by participating and they may struggle with how being a member of the coalition will fit their individual or organizational needs. In order for members to participate in a coalition the benefits of membership must outweigh perceived costs. Without membership representing the appropriate community agencies, capacity to create effective change or to build the coalition will be limited.

Forming is one thing, but functioning as a group to achieve goals that brought the group together requires additional assets. When evaluating the feasibility of expanding the mission of an existing coalition, one of the factors that would appear to be necessary is the current capacity

of the existing working group to function efficiently. Thomas Wolff (2001) goes beyond the essential components of formation outlining nine elements that are essential for a coalition to function. These include: community readiness, intentionality or a shared vision and mission, structure and organizational capacity, ability to take action, broad membership, leadership, funding and resources, human relationships, and technical assistance including consultation, training and support for everyone involved in the coalition.(Wolff 2001) In order to function the group must understand it's vision and mission, be comprised of constituents who are appropriate for the problem being addressed, assure that group members have been adequately trained to fulfill their role, be willing and able to work together, and all of this must happen under the leadership of one or a few who have the ability to guide the group as a whole. Without these assets a group is more likely to have difficulty implementing any projects or programs. Given that potential problems are inherent, a group that struggles with formation or other stages of development will have little capacity to reach the goals that drove them to come together, let alone take on any new goals. Even with all of the components in place, working groups of any type must go through a process of forming and functioning that is not static.

It is natural for any collaborative group to go through stages of development. Butterfoss *et al.*, (1993) describes these stages as formation, implementation, maintenance and the accomplishment of goals or outcomes. We have discussed requirements for formation and functioning; once this has been established the natural evolution of a group is to move into implementation and then maintenance. Once a coalition has gone through the stages of development and reached maintenance they often must decide if they are to continue or if it is time to change their work or reach termination.

The natural lifecycle of a coalition makes the potential for expansion more feasible. Wandersman (1997), states that in order for a coalition to remain in existence they must acknowledge that maintenance activities are essential. These include the recruitment of new members, training new leaders for when turnover occurs, and raising funds.(Wandersman et al., 1997) Given that coalitions go through stages, exploring new ideas and taking on new community issues to address, may help to sustain a coalition that may otherwise quit working together after initial projects have been accomplished.

In an analysis of coalitions for tobacco cessation funded under the COMMITT program (Thompson *et al.*, 2000) found that 9 of the 11 coalitions still were partaking in intervention activities two years after the initial study ended. A similar review of KIDS' TEAM coalitions in Nebraska found that five years after the initial funding ceased, and ten years after the project began, all but one of the remaining coalitions had expanded their scope beyond the initial goal of meeting the needs of children and families on school-release days.(Lodl, 2002) These findings demonstrate that it is natural for a working coalition to expand beyond their initial focus in order to maintain functioning as a cohesive group. Lodl, (2002) also sites a study of eleven coalitions finding that sustainable coalitions were those who “developed new organizations legacies (i.e., changes in organizational structure, changes in how the work is done, and changes in prioritization of program implementation)”. (Lodl, 2002 ¶3) It does not however indicate that the expansion of topics can be driven by sources outside of the initial working group. In these cases it was the coalition and its ability to identify priority needs of the community that led to the expansion to other projects.

In assessing the feasibility of providing funding to an existing coalition to work on a public health problem that is different from their original mission it is essential to understand

how coalitions come together. Many coalitions are created in response to a grant or funding opportunity, while others form in reaction to an emerging health threat. (Roussos & Fawcett, 2000) A group of concerned citizens may come together to address a problem that they, as the community, find to be important. Some believe that this type of coalition may be able to attract initial attention but will struggle to sustain momentum once the issue has been addressed.

(Roussos & Fawcett, 2000)

Current funding streams force communities to develop coalitions that work in silos. Typically government agencies provide categorical funding focusing on one particular health problem. The Centers for Disease Control's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) provides funding for many state based programs, each with its own set of objectives and grant requirements. Within the Chronic Disease branch alone there are at least thirteen different programs each with unique program requirements. ("Centers for disease control chronic disease center number of states participating in nccdphp chronic disease grant programs, fy 2004")

There are many other foundations and grants that stipulate their funding will only support coalitions who address public health problems that are determined by the mission of the funding agency.(Wolff, 2001b)

Examples of such coalition funding includes:

- Center for Substance Abuse Prevention
- Robert Wood Johnson "Fighting Back" substance abuse programs
- Johnson & Johnson SAFEKIDS coalitions for prevention of childhood injuries
- National Cancer Institutes COMMIT and ASSIST community tobacco-control programs

- Center for Disease Control and Prevention cardiovascular health PATCH program
(Wandersman *et al.*, 1996)

The requirements of categorical funding make it so that at both the federal and local level grantees compete for limited funds and must demonstrate outcomes in order to receive sustained funding. This leads to ongoing competition for funds and less of a tendency for funding streams to be combined. (Wolff, 2001b) The requirements of categorical funding established at the federal level will make it challenging for such coalitions to think about expanding their mission. Although it is believed that dedication to one topic area should be beneficial in addressing a specific public health problem, coalition development can put a strain on a community. The cause of categorical funding is not well known it is most likely due to the fact that organizations are typically dedicated to one mission and expect grantees to achieve outcomes related to that mission. They may also believe that certain strategies exist that would only be effective to address the topic at hand. There needs to be greater research and identification of strategies that may be able to address multiple issues.

In their review of collaborative partnerships to improve community health, Roussos and Fawcett (2000) concluded that conditions for success should include changing underlying factors that lead to unequal outcomes and building on initiatives that address matters over time and across multiple concerns. Conditions that lead to unequal outcomes include: social class, social ties and income inequality, (Roussos and Fawcett 2000) and can be related to a variety of health problems that a community is trying to address. Although it appears that funding agencies are not ready to address behavior determinants that are common to negative health outcomes, expanding coalitions and building on similar strategies may have the potential to provide greater impact across multiple health conditions. Most research and interventions are driven towards a focus on

one particular disease, but others feel we must not forget the need to focus on the “fundamental issues” affecting people’s lives. (Syme, 2004) In order for community coalitions to develop effectively, government needs to allow communities to use a “holistic” approach (Wolff, 2001a) and allow communities to identify needs that are important to its members. As long as the subject area is dictated by an outside organization the potential for coalition expansion will be challenging. Additional research demonstrating the ability to address multiple health issues needs to be conducted.

As noted previously by Wolff (2001b) one of the essential components of a successful coalition is community readiness. One of the factors that has the potential to impede success is an “overcoalitioned” community. (Wolff 2001b p. 174) Due to conditional funding a community may have a coalition for teen pregnancy, substance abuse, tobacco control, asthma, safe roads, and a sustainable environment. (Wolff, 2001b) It is often the same partners and players who sit on these coalitions. In small communities this can put a tremendous strain on those who participate and weaken the potential to address alternative community needs as they arise. Wolff (2001) states that “creating communication and coordination among various coalitions becomes a significant community challenge”.(p. 175) One would imagine that very few communities have actually attempted to coordinate across all such coalitions given that, as referenced earlier, the creation of coalitions is “like teaching dinosaurs to do ballet”. It may be more natural for a community coalition that was established to address multiple issues to go after funding for a specific health issue of interest. This is one question that the proposed research will attempt to address.

There is little literature available that demonstrates the potential for coalition expansion. A case study by Meister and Zapien (2005) found one coalition achieved success in creating

special action groups (SAG) to address policy issues related to health promotion for diabetes prevention. These groups were created as a sub-coalition of the broader partnership. They found that creation of the groups required a strong University-Community partnership (Meister J & Guernsey de Zapien, 2005). Although they discussed the importance of engaging new community partners they did not address how the SAG's interacted with the broader coalition. Their findings focused mostly on the success of the SAG to address policy and that the University's expertise was required to facilitate SAG development. These groups may have been just as successful without the pre-existing infrastructure of the larger coalition. Further research must be conducted to assess what factors attributed to their success.

Reviewing literature regarding coalitions can be challenging. Analyses of collaborations are spread across many disciplines including organizational management, health promotion, psychology, public health, sociology and public administration. (Ansari *et al.*, 2001) Effectiveness has previously been measured by the coalition's ability to function as a group. (Thelander & Hoen, 1997) This type of evaluation is useful in assessing the coalition's structure yet does not demonstrate measurable change in community health outcomes. There is substantial literature on the make up of coalitions and what factors must be in place to create a coalition, however there is limited evidence on the effectiveness of coalitions. Ansari (2001) discusses the inherent challenges of evaluating coalitions. Effectiveness is often measured in the nature of relationships and understanding of coalition members using anecdotal evidence. (Ansari *et al.*, 2001)

Drug Strategies for assessing community coalitions states that "formal evaluation data are often not available since coalitions are usually hard-pressed for funds, and evaluations are expensive". (*Assessing community coalitions*, 2001 p. 1) A lack of outcomes may also be due to

difficulties of evaluating effectiveness rather than solely a deficit in outcomes. Although funding agencies continue to promote collaborative efforts there needs to be more research demonstrating evidence that requiring coalitions enhances a community's capacity to change a health problem.

In the available literature that assesses outcomes it has been found that even when a community coalition uses multiple strategies to address a problem, a change in behavior among individuals may not occur. (Syme, 2004) This may be secondary to the behavior change strategies used rather than the make up or ability of the coalition to function as a group. It also may be a factor of the inherent difficulties measuring community change. Another review of outcomes looking at thirty-two community interventions for tobacco cessation efforts among adults found only modest results. (Secker-Walker RH, 2002) The authors did stress the need to develop better evaluation measures and that the issue needs to involve the community and also that it may take several years to see any measurable outcomes. (Secker-Walker RH, 2002) A recent study evaluating the effectiveness of substance abuse coalitions in Vermont found a statistically significant reduction in substance abuse behaviors among students in grades 8 through 12 after the coalitions implemented previously evaluated evidence-based interventions. (Flewelling *et al.*, 2005) This demonstrates that coalitions implementing research-based prevention strategies can be effective, but many health issues do not have strong evidence based practices for prevention. It is essential that the field of coalition study continue to evaluate effective outcomes moving beyond anecdotal evidence of accomplishments. Even more important when considering the potential for expansion is to look at addressing underlying causes of negative health outcomes rather than strategies to change individual behaviors.

Rather than solely use coalitions that have demonstrated measurable community health outcomes to build upon, it may be more important to utilize the structure of a coalition that has

gone through formation and functioning process. Given the complexity of coalition formation and lack of concrete evidence for health outcomes in any particular area the most important criteria would be the coalition's ability to function.

One of the factors proposed to enable expansion was working with a coalition that had a common mission. Although coalitions address different subject areas, the strategies for reaching outcomes may be common, thus enhancing the potential for expansion. Literature has shown that there are common risk and protective factors for a variety of healthy behaviors. In a comparison of youth from the United States and Australia, Beyers *et al.*, 2004, found common individual, family and community protective factors that were associated with lower risk of substance abuse initiation. Similar findings were found by He *et al.*, 2004, where school, peer and parent support were found to be protective against unhealthy behaviors such as use of alcohol, tobacco, and illegal drugs; sexual behavior and attempted suicide. These findings indicate there is a great opportunity to look at the potential for addressing underlying causes of negative health outcomes rather than strategies to change individual behaviors. This would also provide a forum for combining coalitions without losing the integrity of their original mission.

In Vermont the prospect for combining coalitions among the tobacco and substance abuse groups has been discussed.(Berger, March 31, 2005) In some parts of the state the coalitions have been combined into one although they are still required to meet the objectives and reporting obligations of each funding source. There has been some discussion regarding combining reporting and grant proposals at the state level as it would reduce the burden on the coalition. This has not been attempted as at the state level each funding agency has its own set of requirements.

Summary

Although there are complexities to coalition formation, functioning and demonstrating outcomes it appears that the use of coalitions to address community issues continues to be a growing practice. Many funding agencies encourage or require collaborative efforts across multiple partners and organizations. As more and more funding agencies require coalition development, the burden on small communities continues to increase. In order to enhance the capacity of small communities and avoid the lengthy and problematic challenges of developing new collaborations, exploring the potential to build upon existing groups appears to have merit. Given the lack of research in this area further study is warranted.

If the potential for expansion proves viable then a whole new area of coalition utility can be developed. As coalitions need to continually evolve they may welcome the opportunity to address community problems in different ways. The findings may determine that the potential to develop sub-committees to address additional topic areas is not realistic but changing the strategies to address known risk factors for multiple problems may have greater promise. If successful this would have considerably less burden on small communities and the potential for greater outcomes.

Methods

The intent of this initial inquiry is to assess coalition leaders' and members' perceptions about creating sub-committees to address a community health problem that is not associated with their original mission. Qualitative methods using interviews are best suited to analyze the research question posed. The methodology for the qualitative analysis will be semi-structured interviews with coalition leaders and members from a variety of community based coalitions throughout the state of Vermont.

Subject Selection

With fourteen counties in Vermont, a state made up of small communities, many of the same partners and participants end up on several coalitions. Given that there are twenty existing coalitions for tobacco prevention, eighteen for substance abuse and twelve regional partnerships there will be a suitable amount of subjects for selection within the state.

Given the complexity of coalition formation, implementation and maintenance described from the literature findings the candidates for interview will be chosen based on their experience working in coalitions that have demonstrated the capacity for and history of successfully implementing activities. Initial discussions of inquiry will be held with the principal state contacts of the substance abuse and tobacco prevention coalitions to determine which coalitions have demonstrated the greatest capacity to meet grant requirements to date. A minimum of ten coalition leaders and ten coalition group members from coalitions that have been operating for a minimum of one year will be chosen for interview.

Procedures

A written invitation letter explaining the purpose of the study will be sent to interviewees prior to telephone or e-mail contact to personally request participation and to schedule the interview. The interviews will be semi-structured and conducted face to face in a setting of the respondent's choice. The interviews will loosely follow the attached interview guide.

Informed consent will be obtained from all participants and will instruct them on any potential benefits they may receive as well as inform them that no known harms have been identified. Participants will be informed that their participation is voluntary, all information is confidential, they will not be identified in any aggregate reporting and in no way will their participation effect their grant funding or coalition participation.

The interviews will last approximately one hour and will consist of open and closed ended questions regarding the individuals experience with the coalition they are currently part of and their perceptions on the potential for expansion. The sessions will be tape recorded and notes will be taken during the interview. All respondents will be given the contact information of the lead researcher as well as an internal review board contact in case they have any questions regarding the nature of the study or wish to add any comments after the interview.

Data Analysis

Transcripts from the interviews will be analyzed by a research team to prevent bias and increase validity of findings. The data team will identify, extract, and code text from the transcripts. As the transcripts are reviewed additional codes and themes identified will be added. Recurrent themes will be noted and quotations related to the themes will be grouped. The data team will first review the transcripts individually then as a team. The team will evaluate comparisons across themes and discuss any discrepancies in their findings.

If the qualitative analysis finds that existing coalitions are supportive to adding sub-committees further research using quantitative analysis should be conducted to assess the process of adding sub-committees and any outcomes after implementation.

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Coalition Expansion Semi-Structured Interview Guide

Can you tell me about your experience working with the _____ coalition?

What caused the development of the coalition? Was it funding or led by a community desire?
How long has the coalition been in existence?

When did you join the coalition?

Has there been much attrition or has membership remained constant?

Do you feel that the coalition has been successful at creating change in the community?

The coalition has been together for quite some time now do you think that it will remain active?
If yes/no what will keep the group active?

Do you know of other coalitions that are active in your community?

Has your coalition ever talked about addressing other issues?

Do you think that coalition efforts could be combined? If so what would it take?

Do you think that your coalition could support subcommittees working on similar topics? What would it require?

How about other subject areas?